

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: July 28, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

SI Joint Injection (27096 Inject SI Joint Arthrgrophy&/Anes/Steroid W/Image, 77003 Fluoro Needle/Cath Spine/Paraspinal Dx/Ther)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is a board certified Orthopaedic Surgeon with over 13 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

08-13-09: Problem List at Orthopedics

11-30-09: Consultation

01-11-10: Orthopedic Consult at Orthopedics

01-11-10: X-Ray Lumbar

01-11-10: X-Ray AP Pelvis

01-11-10: CMT and ROM

02-16-10: MRI of the Right Knee

02-16-10: MRI of the Pelvis

02-16-10: MRI of the Lumbar Spine

02-22-10: Orthopedic Report

03-16-10: Nerve Conduction Studies

04-05-10: Orthopedic Report

04-05-10: CMT and ROM

09-16-10: Orthopedic Report
09-16-10: X-Ray Lumbar 2 Views
09-23-10: Texas Outpatient Authorization Recommendation
10-05-10: Operative Report
11-01-10: Orthopedic Report
12-13-10: Orthopedic Report
12-21-10: Texas Outpatient Authorization Recommendation
01-24-11: Operative Report
02-03-11: Orthopedic Report
02-03-11: CMT & ROM
02-11-11: Orthopedic Report
03-03-11: Appointment Information
03-23-11: Operative Report
03-23-11: Surgical Pathology Report
03-23-11: Spine X-table Views Final Report
03-23-11: Texas Outpatient Authorization Recommendation
03-23-11: Texas Outpatient Non-Authorization Recommendation
03-23-11: Status
03-29-11: Orthopedic Report
04-01-11: Texas Outpatient Reconsideration Decision: Authorized
04-20-11: Designated Doctor Evaluation
04-20-11: Report of Medical Evaluation at Department of Insurance
04-20-11: Report of Medical Evaluation
05-20-11: Orthopedic Report at Orthopedics
05-20-11: X-Ray Lumbar 2 Views
05-27-11: Response to Letter of Clarification
06-02-11: Texas Outpatient Non-Authorization Recommendation
06-09-11: Texas Outpatient Authorization Reconsideration Decision: Authorized
06-14-11: Letter for Request of Additional Information
06-23-11: Orthopedic Report
06-30-11: Orthopedic Report
06-30-11: Operative Report
06-30-11: Procedure Note
07-15-11: Request for New Prescription for Controlled Substance
07-21-11: Orthopedic Report
08-18-11: CT Lumbar Spine with Reconstructions including 3-D
08-18-11: Lumbar Myelogram
08-26-11: Orthopedic Report
08-31-11: Texas Outpatient Authorization Recommendation
09-08-11: Post Designated Doctor's required Medical Examination
09-09-11: Electrodiagnostic Evaluation/EMG
09-12-11: Report of Medical Evaluation at Department of Insurance
09-21-11: Enhanced Interpretive Report at Health Improvement 2
09-21-11: Psychosocial Screen
10-11-11: Orthopedic Report
10-28-11: Orthopedic Report
11-04-11: Texas Outpatient Authorization Recommendation
11-21-11: Surgery Referral Form

11-21-11: Patient Registration Form
11-21-11: Appointment Schedule
12-09-11: UR performed
12-21-11: Operative Report
12-22-11: UR performed
01-03-12: Orthopedic Report
01-30-12: Orthopedic Report
02-16-12: Orthopedic Report
02-16-12: Manual Muscle Strength Exam Lumbar
03-08-12: Report of Medical Evaluation
03-16-12: Orthopedic Report at Orthopedics
04-27-12: Orthopedic Report at Orthopedics
04-27-12: Manual Muscle Strength Exam Lumbar
04-27-12: X-Ray Lumbar 2 Views
07-27-12: Orthopedic Report at Orthopedics
07-27-12: Manual Muscle Strength Exam Lumbar
07-27-12: X-Ray Lumbar 2 Views
08-09-12: Texas Inpatient Authorization Recommendation
08-10-12: Revised Texas Inpatient Authorization Recommendation
08-15-12: Appointment Schedule
09-06-12: Texas Outpatient Authorization Recommendation
09-07-12: UR performed
09-11-12: Status Report
09-12-12: Consultation
09-12-12: Chest AP 1 View
09-12-12: Operative Report
09-12-12: Procedure Note
09-13-12: CT ABD and Pelvis w/o con
09-15-12: Chest AP View
09-15-12: CT ABD and Pelvis w/o con
09-16-12: Chest AP View
09-16-12: Discharge Summary
09-18-12: Orthopedic Report
09-18-12: X-ray Lumbar 2 Views
09-19-12: Texas Outpatient Authorization Recommendation
09-19-12: Status Report
10-23-12: Orthopedic Report
11-30-12: Orthopedic Report
11-30-12: X-ray Lumbar 2 Views
01-17-13: Office Visit
01-25-13: Orthopedic Report
01-25-13: Muscle Strength Exam Lumbar
01-25-13: X-Ray Lumbar 2 Views
02-04-13: Designated Doctor Evaluation
02-04-13: Texas Workers' Compensation Work Status report
04-29-13: Office Visit at Orthopedics
05-09-13: UR performed
05-10-13: Status Report

05-21-13: Status Report
05-23-13: UR performed
06-26-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male that was injured while at work on xx/xx/xx. He slipped and fell on a floorboard when his leg got caught between 2 beams and he struck his buttocks on the ground. At the point of impact, the claimant felt immediate pain in his right hip, right knee, and lower back area and had complaints of abdominal pain down into his groin.

08-13-09: Problem List at Orthopedics. The claimant complains of low back pain and occasional right knee pain. PE: Lumbosacral spine: mild to moderate tenderness to palpation. Slight tenderness of the paravertebral muscles noted. Painful ROM and slightly decreased in all directions. The claimant is able to perform toe-heel-walk, walking-on heels, and walking-on-tiptoes with moderate difficulty. Right Hip: there is some mild tenderness to palpation and painful ROM minimally decreased in all directions. Impression: 1. Resolved contusion of left testicle, by history; 2. Sprain of right hip; 3. Lumbosacral spine sprain; 4. Sprain of right knee; 5. Resolved abrasions of shin, by history. Opinion and Plan: Prescription given for Celebrex 200mg tablets PO daily, prescription for X-rays of his low back and right hip, prescription for physical therapy to evaluate and treat. The claimant is recommended for orthopedic consult. Return to work with modified duty and follow up in one month.

01-11-10: Orthopedic Consult. Claimant complained of abdominal pain area into his groin, low back pain 4/10 with constant pain in his lower back, right hip pain 4/10 with some difficulty with various movements and stiffness, and right knee pain 3/10 with some stiffness and difficulty walking. PE: He is clearly uncomfortable sitting in the chair and has difficulty getting up out of his chair and onto the examination table with complaints of pain in his right hip and lumbar area. He has noted tenderness in his lower lumbar region and decreased ROM in all directions limited by pain. Straight leg raise elicits back pain only. On examination of right hip, he has severe tenderness in his iliac tubercle. He has good ROM with hip abduction of 40 degrees with pain and hip adduction of 20 degrees with pain. He is able to heel-to-toe walk, walk on toes, and walk on heels with pain in his lower back and right lower abdominal region. Review of diagnostic studies: X-ray's of the lumbar spine and right hip today of claimant's lumbar spine revealed decreased disk height at L4-L5 and L5-S1. X-ray of right hip showed no bony abnormalities and no fractures. Impression: 1. Lumbar strain, possible herniated nucleus pulposus; 2. Internal derangement of right knee; 3. Internal derangement of right hip; 4. Possible abdominal hernia. Plan of Treatment: 1. With regard to claimant's lumbar spine and right knee, he still continues to have pain and has exhausted physical therapy with medication. We will recommend obtaining lumbar and right knee MRIs. 2. With regards to the claimant's right hip, most of his pain seems to be coming from his lower abdominal area. The claimant has a consult with a general surgeon for his hernia. We will see him back, once he has obtained his consultation, to review the report

of his general surgeon. 3. The claimant will continue his medication and physical therapy.

02-16-10: MRI of the Pelvis. Impression: Normal study of the pelvis. No significant bone bruise, fracture, or pelvic pathology.

02-16-10: MRI of the Lumbar Spine. Impression: 1. L1-2 unremarkable. 2. L2-3: there is a 2-mm annular symmetric bulge of the disk, primarily central. Neural foraminal narrowing bilaterally, moderate, slightly more pronounced on the right than the left. No extrinsic compression against the exiting nerve root sleeves. 3. L3-4: there is a 2-mm annular symmetric bulge of the disk. Neural foraminal narrowing, moderate, worse on the left. 4. L4-5: there is a 2-mm annular symmetric bulge of disk, bilateral neural foraminal narrowing, worse on the left L5 nerve root sleeve. 5. At the L5-S1 level, Modic type 2 signal abnormality, dehydration and desiccation of the disk, tear of the posterior annular fibers, moderate neural foraminal narrowing bilaterally, and no extrinsic compression against the exiting S1 nerve root sleeve. No central canal stenosis. There is a 2-mm bulging disk. 6. There is dehydration and desiccation of the L5-S1 disk, probably minimally at L4-5.

02-22-10: Orthopedic Report. The claimant was cleared and released to back to work by general surgeon. He presented with complaints of intermittent lumbar, right knee, and right hip pain that is aggravated by his activity level. He has been participating in a physical therapy program, with some relief. PE: On examination of the lumbar spine, he has tenderness in his lower lumbar region and decreased ROM with extension limited by pain. Straight leg raise elicits back pain only. Impression: Multiple protrusions and bulges of the lumbar spine. Plan of Treatment: 1. We will release the claimant back to work without restrictions at this time. Follow up in a few weeks. 2. Claimant has some complaints of weakness in his lower extremities. Recommend a lower extremity EMG. 3. Continue his medication as prescribed.

04-05-10: Orthopedic Report. Claimant presented with intermittent lumbar, right knee and right hip pain, with most concerns in his right inguinal area. The claimant feels a pulling sensation and discomfort, which is aggravated by his activity. PE: On examination of the claimant's lumbar spine, he has very minimal tenderness upon palpation of his lower lumbar region and decreased ROM with extension limited by pain. Review of Diagnostic Studies: EMG of lower extremities on 3/16/10 revealed no radiculopathy from his lumbar spine. There was some evidence of right femoral motor nerve compromise above his inguinal ligament area. Impression: Multiple protrusions and bulges of the lumbar spine, most notable at L4-5, with possible compression of the left L5 nerve root. Plan of Treatment: 1. Continue oral anti-inflammatory as well as his electrical stimulation machine. Follow up in a few weeks. 2. Recommend a general surgeon consult for claimant's complaint of abdominal and inguinal area pain for re-evaluation. 3. Continue physical therapy program.

09-16-10: Orthopedic Report. Claimant was found to have an inguinal hernia and presented with low back pain that increases due to his activity level with pain that radiates into his right lower extremity in his thigh and right calf region. PE: Noted tenderness in his lumbar region and decreased ROM with flexion and extension limited by pain. He has a mildly positive straight leg raise on the right. Impression: Multiple protrusions and bulges of the lumbar spine, most notable at L4-5 and L5-S1, with possible compression of the L5 nerve root. Plan of Treatment: Claimant continues to remain symptomatic and has exhausted physical therapy with medications and temporary relief; recommend a lumbar epidural steroid injection in conjunction with post injection physical therapy. He is experiencing right lower extremity symptoms, with are positive on MRI. His lower extremity EMG revealed evidence of right femoral motor nerve compression and evidence of demyelinating process with possible conduction blocks; therefore he should benefit from lumbar ESI. 2. Continue oral anti-inflammatories as prescribed.

10-05-10: Operative Report. Pre-Operative Diagnosis: Lumbar 722.10. Post-Operative Diagnosis: Lumbar protrusion L4-5, L5-S1 722.10. Procedure: 1. Lumbar ESI 623.11, 2. Lumbar lysis of adhesions 62264, 3. Interpretation of lumbar epidurogram 72275, 4. Fluoroscopic localization of needle, lumbar 77003.

12-13-10: Orthopedic Report. Claimant has participated in post injection physical therapy with some relief and stated that 1st injection gave him 80% relief following his physical therapy but only lasted a month-and-a-half. He presented with lower back pain 8/10 with discomfort with side-to-side movement, soreness and stiffness. He continues to have pain that radiates into his right lower extremity with numbness and tingling present. PE: Lumbar spine noted to have tenderness in his mid lower lumbar region and decreased ROM with flexion and extension limited by pain. He continues to have mildly positive straight leg raises bilaterally. Impression: Protrusion at L4-5 and L5-S1, with L5 nerve root compression. Plan of Treatment: 1. The claimant had significant relief following his 1st lumbar ESI and will proceed with a 2nd lumbar ESI in conjunction with post injection physical therapy. 2. Continue oral anti-inflammatories as prescribed.

01-24-11: Operative Report. Pre-Operative Diagnosis: Lumbar 722.10. Post-Operative Diagnosis: Lumbar protrusion 722.10. Procedure: 1. Lumbar ESI 623.11, 2. Lumbar lysis of adhesions 62264, 3. Interpretation of lumbar epidurogram 72275, 4. Fluoroscopic localization of needle, lumbar 77003.

02-03-11: Orthopedic Report. Claimant stated that the 2nd lumbar ESI injection gave him which gave him some relief but not like the 1st injection. He presented with lower back pain 5/10 that radiates down both lower extremities with numbness and tingling present, right knee pain 2/10 with discomfort with various movement, soreness and stiffness, and right hip pain 5/10 with discomfort with various movements, soreness and stiffness. PE: Noted tenderness in his mid to lower lumbar region and decreased ROM in all directions, straight leg raise elicits back pain and leg pain bilaterally, and motor strength remains weakened in both lower extremities, mostly due to his back pain. There is mild paresthesias along

the lateral aspect of both lower extremities, more so on the left side. His gait is slow and staggered. Impression: Protrusion at L4-5 and L5-S1 with L5 nerve root compression and neurogenic claudication. Plan of Treatment: 1. Claimant continues to remain symptomatic and has exhausted physical therapy, medications that include oral anti-inflammatories and 2 lumbar ESIs with temporary relief. Recommend a lumbar laminectomy and microdiscectomy with Foraminotomy at L4-5 and L5-S1. 2. Continue oral anti-inflammatories as prescribed.

03-23-11: Operative Report. Pre-Operative Diagnosis: L4-5 and L5-S1, 722.10. Post-Operative Diagnosis: L4-5, L5-S1 722.10. Procedure: 1. Lumbar laminectomy with Foraminotomy and partial facetectomy L4-5, 63047, 2. Lumbar laminectomy with discectomy and Foraminotomy, partial facetectomy L5-S1, 63048, 3. Placement of postoperative Marcaine infusion catheter, requiring a separate incision for postoperative pain control, 62351, 4. Intraoperative neural monitoring.

03-23-11: Surgical Pathology Report. Diagnosis: Discs, L4-5 and L5-S1, discectomy, fibrocartilage with degenerative change, compatible with intervertebral disc material.

03-29-11: Orthopedic Report. Claimant presented with low back pain 3/10 with some discomfort with side-to-side movements, soreness, and stiffness. His pain radiates down his right lower extremity with numbness and tingling. PE: Limited ROM to flexion and extension, straight leg raise elicited mild back pain, motor strength weak in his right lower extremity compared to the left. Mild paresthesias in the lateral aspect of his right lower extremity with reflexes 2+ and symmetric. Impression: Status post laminectomy and microdiscectomy, L4-5 and L5-S1. Plan of Treatment: 1. Begin an aggressive postoperative physical therapy program for his lumbar spine. Advised on various home exercises and stretching as well as increasing mobility, and try to wean off walker usage. Follow up in a few weeks. 2. Medications renewed today, which are medically necessary to treat symptoms naturally resulting for the compensable injury.

04-20-11: Designated Doctor Evaluation. Recommend an FCE to determine whether or not the claimant is at MMI and/or to determine the claimant's PDL for return to work purposes. The claimant has reached MMI and did so effective 04/20/11. The clinical condition is not likely to improve with further active medical treatment or surgical intervention other than the fact that the claimant is going to need some postoperative rehab, which is part of the surgical intervention. Extent of Injury: The extent of injury includes a contusion to the left testicle, right hip sprain, right knee sprain, and right ankle sprain, herniated disk of the lumbar vertebrae, a small tear of the medial meniscus of the right knee, and of course skin injury over the right lower extremity due to abrasions and inflammation. The extent of injury does not include degenerative changes that are found in the lumbar spine and it does not include any degenerative changes that are found in the right knee. Return to Work: The claimant may not return to work under any circumstances at this time. The claimant is still healing from his surgical wound

and he has not undertaken any postoperative rehabilitation. Once his wound is completely healed and he has had some postoperative rehabilitation, he may return to work at a sedentary level in which he is working extremely light duty, perhaps a desk job or telephone calling job. That should not be any longer than 60 days from now.

04-20-11: Report of Medical Evaluation. Total Spine Impairment: 5% WP. Summary of Lower Extremity Findings: Total lower extremity in %LE: right side 10%; total lower extremity impairment in %WP: right side 4%.

06-30-11: Operative Report. Pre-Operative Diagnosis: Lumbar 722.10. Post-Operative Diagnosis: Lumbar radiculopathy 722.10. Procedure: 1. Lumbar ESI 623.11, 2. Lumbar lysis of adhesions 62264, 3. Interpretation of lumbar epidurogram 72275, 4. Fluoroscopic localization of needle, lumbar 77003.

07-21-11: Orthopedic Report. Claimant stated that the lumbar ESI helped with his muscle spasms in his low back area as well as some of his leg symptoms. Claimant complained of low back pain 5/10 with pain in his back area, discomfort with side-to-side movement, soreness and stiffness, with continued pain that radiates down his right lower extremity. He rated his right hip and right knee pain 7/10 with discomfort with various movements, soreness and stiffness. PE: Noted tenderness in the mid to lower lumbar region decreased ROM to flexion and extension, straight leg raises are positive for leg pain and back pain bilaterally, motor strength remained weakened in his right lower extremity, mostly in ankle plantar flexors and ankle dorsiflexors, some limitations in his right extensor hallucis longus. He continued to experience paresthesias in his right L5 distribution. He continues to use his corset for support. Impression: Status post lumbar laminectomy and microdiscectomy, L4-5 and L5-S1 level. Plan of Treatment: 1. Start post-injection physical therapy program for his lumbar spine. Follow up in a few weeks. 2. Claimant continues to remain symptomatic and PE findings revealed radiculopathy in association with mechanical back pain symptoms. Recommend CT myelogram of lumbar to evaluate claimant's nerve roots as well as the foramen at L4-5 and L5-S1 level. 3. Oral anti-inflammatories were renewed and are medically necessary.

08-18-11: CT Lumbar Spine with Reconstructions including 3-D. Impression: 1. Multilevel spondylosis with prominent anterior spurring and facet arthropathy. 2. L2-3 shows a left posterolateral disc protrusion displacing the L3 root. 3. L4-5 shows a prominent broad-based posterior annular bulge.

08-18-11: Lumbar Myelogram. Impression: 1. Multilevel spondylosis with narrowed disc interspaces. 2. No apparent mass effect or lumbar root sleeve cutoff.

09-08-11: Post Designated Doctor's required Medical Examination. Impression: 1. Status post slip-and-fall with primary superficial laceration of the anterior aspect of the right knee. 2. Abrasions to the right tibia. 3. Subjective complaints of low back and left knee pain. 4. History of resolved testicle contusion. The claimant

would have a 0% impairment rating of an abrasion/superficial laceration. There is no objective documentation early on that a significant structural injury occurred relative to any other body part and, therefore, a 0% rating would be assigned. The injured employee continued to work at his regular duty job and, therefore, there would be no objective documentation that this individual was restricted from returning back to his full duty as it relates to the injury that occurred on xx/xx/xx.

09-09-11: Electrodiagnostic Evaluation/EMG Impression: There is electrophysiologic evidence most consistent with active/chronic radiculopathy processes involving the bilateral L5-S1 nerve root levels but these findings need to be further confirmed/delineated via bilateral lower extremity NCS in order to confine lesion location proximal to the dorsal root ganglion. This situation is a complicated one due to the fact that post-operative lumbar paraspinal musculature sampling can be reliable due to false positive. It also appears that the lesion to the right femoral nerve, neuropathology distal to the dorsal root ganglion, is still present. Diagnosis: Findings are consistent with MRI: 1. Lumbar sprain/strain injuries with resulting IVD disorder post-operative status. 2. Lumbar/lumbosacral radiculopathy as per above impression. Please review in detail. 3. Paresthesia/muscle weakness, lower extremities. Progressive clinical deficit. 4. Chronic pain presentation and per the PDG "Pain" chapter definition directly related to the compensable lumbar spine work-related injuries. Recommendations: 1. Bilateral lower extremity NCS, essential to exclude lesion location distal to the dorsal root ganglion. ODG compliant as per the ODG "Pain" chapter "Recommended" status. 2. Follow-up with Orthopaedist/Interventional Pain Management physicians. 3. Follow-up, treating physician for appropriate case management.

09-21-11: Psychosocial Screen. Based on the scoring of the major and minor scales, there are no psychological barriers to recovery.

10-28-11: Orthopedic Report. Claimant complained of 8/10 back pain with positional claudication type symptoms to his left hip. He also describes occasional positional shooting pains that go down his right leg to the posterolateral aspect of his right ankle. PE: Positive straight leg raise at approximately 60 degrees reproducing right foot pain. He has diminished sensation along the right S1 distribution. Impression: Stenosis, L4-5 and L5-S1. Plan of Treatment: After the CT myelogram film, it appears that we were not aggressive enough with the decompression and recommend a more aggressive decompression laminectomy Foraminotomy needs to be performed with specific focus at L4-5 left and L5-S1 right.

12-21-11: Operative Report. Pre-operative Diagnosis: L4-5 and L5-S1 with residual stenosis 722.10. Post-operative Diagnosis: L4-5 and L5-S1 with residual stenosis 722.10. Procedures Performed: 1. Revision lumbar laminectomy with Foraminotomy L4-5 right and left 63042, 2. Revision lumbar laminectomy with Foraminotomy L5-S1 right 63042-51.

03-16-12: Orthopedic Report. Claimant presented with persistent back pain with limitations with various motions and movements with some numbness and tingling in his feet bilaterally. He is using his lumbar support brace and walking cane. PE: Noted tenderness in his mid to lower lumbar region with decreased ROM to flexion and extension, straight leg raise was positive for back pain only with motor strength decreased in both lower extremities without significant back pain. Impression: Status post revision, lumbar laminectomy, L4-5 and L5-S1. Discussion and Plan: 1. Recommend additional physical therapy to work on strengthening and to work on ROM. 2. Medication renewed.

04-27-12: Orthopedic Report. Claimant complained of intermittent back pain 3-6/10. PE: Noted decreased lumbar range of motion with well-healed surgical incision, posterior tenderness at L4-5, some residual right L5 numbness. Review of Diagnostic Studies: X-rays of the lumbar spine obtained today revealed 4 mm of translation between flexion and extension views. Impression: Stenosis and instability. Plan of treatment: 1. Recommend additional course of strengthening exercises and physical therapy. 2. With regards to the instability, 4.5 mm or 5.0 mm of translation is needed for definition of gross instability. Claimant wants to avoid additional surgery.

07-27-12: Orthopedic Report. Claimant presented with low back pain 7/10 with constant pain, discomfort from side-to-side movements, soreness and stiffness, right hip pain 4/10 and right knee pain 5/10 both with some discomfort with various movements, soreness and stiffness. HE has popping, locking, and the feeling of giving way. PE: Noted tenderness on his mid to lower lumbar region with decreased ROM with flexion and extension, straight leg raise elicited some back pain on the right. Impression: 1. Status post lumbar laminectomy x2, 2. Failed laminectomy syndrome, 3. Stenosis and instability of the lumbar spine. Plan of treatment: As per ODG, the claimant meets all criteria as outlined to proceed with a lumbar fusion. He has exhausted an abundant course of postoperative rehabilitation, medications that include oral anti-inflammatories and lumbar ESI injections, and he has undergone two lumbar laminectomies. There is gross instability noted on x-ray consistent with physical examination findings and mobility. Recommend discectomy and fusion at the levels noted. 2. Medications renewed.

09-12-12: Consultation. Plan of treatment discussed, which consists of medial laparotomy, peritoneal dissection on the left side to the retroperitoneum, mobilization of bilateral iliac vein with ligation, middle iliac vessel and exposure of L5-S1 vertebral body and intervertebral disc space as well as retroperitoneal dissection, mobilization of abdominal aorta, division of communicating vessel and mobilization of left iliac vein and artery and exposure of L4-5 vertebral and intervertebral disc space with use of C-arm fluoroscopy.

09-12-12: Operative Report. Pre-operative Diagnosis: 1. Discogenic back pain 722.2, 2. Herniated nucleus pulposus L4-5, L5-S1 722.10. Post-operative Diagnosis: 1. Discogenic back pain 722.2, 2. Herniated nucleus pulposus L4-5, L5-S1 722.10. Procedures: 1. Revision lumbar laminectomy L5 63042, 2.

Revision lumbar laminectomy S1 with decompression 63042, 3. Posterolateral fusion L5-S1 22612, 4. Posterolateral fusion L5 22614, 5. Harvest, preparation and application of local bone graft, posterior incision 20936-59, 6. Use of intraoperative microscopic magnification for the decompression 69990-59, 7. Segmental instrumentation L4, L5 and S1 22842, 8. Application of external bone growth stimulator 20974, 9. Cell Saver, 10. Intraoperative neural monitoring.

10-23-12: Orthopedic Report. Claimant reported improvements in ROM and walking. He still complained of bilateral hip pain as well as some lower extremity symptoms, low back pain 4/10 with discomfort with side-to-side movements, soreness, and stiffness. PE: Noted tenderness upon palpation in his lower lumbar region with decreased ROM to flexion and extension, straight leg raise elicited back pain and some mild leg pain on the left, motor strength is weakened in both lower extremities, mostly due to back pain. Impression: Status post lumbar fusion, L4-5 and L5-S1. Plan of Treatment: Advised to continue his physical therapy program, continue current medications.

01-25-13: Orthopedic Report. Claimant reported improvement with each surgery, continued pain 2-5/10 in the lower back. PE: Claimant is using his back brace today; noted diminished sensation along the right S1 distribution, but less than it was preoperatively. He has decreased lumbar ROM. Impression: 1. HNP, L4-5 and L5-S1, 2. Incisional hernia. Plan of Treatment: 1. Claimant is still recovering from surgeries, to address necessary treatment for incisional hernia. 2. Follow-up in 3 months. 3. Medications renewed.

02-04-13: Designated Doctor Evaluation. Maximum Medical Improvement: Clinically the claimant is not at MMI as he is still undergoing physiotherapy and his right knee has not been taken care of. He continues to have severe back pain, and was not able to give his maximal effort for ROM due to pain. The claimant has reached statutory MMI and did so effective this date: 1/30/13. Impairment Rating: The claimant is assigned a 5% WP Impairment Rating based on the statutory MMI date of 1/30/13.

04-29-13: Office Visit. Chief Complaint: Presents with complaints of pain in the lumbar region. Medications: Zolpidem Tartrate 10mg, Tizanidine HCL 4mg, Norco 10-325, Tramadol HCL 50mg. PE: Hip Exam: L5 right is decreased and L5 left is decreased. Lumbar Exam: Palpation tenderness: spinous, thoracic, and lumbar. Mild muscle spasm. AROM limited with rotation with moderate restriction and lateral flexion with moderate restriction. Impression: right lumbar disc displacement, right INT derangement knee NOS. Plan: Lumbar: recommend additional therapy, discussed options that included increasing his mobility, discussed options that include possible spinal cord stimulator trial, and continue to monitor progress. Due to tenderness in his left SI joint, proceed with a left SI joint injection.

05-23-13: UR performed. Reason for denial: The claimant was injured on xx/xx/xx after stepping on an unsecured floorboard and fell through. The claimant reports back pain rated 5/10 radiating to the left leg as well as left knee pain rated

4/10. The claimant underwent lumbar surgery on 03/23/11, 12/22/11 and 09/12/12. Treatments to date include physical therapy, medications, and lumbar epidural steroid injection. On exam, there is decreased strength in the bilateral lower extremities as well as decreased sensation in the bilateral L5 distribution. There is mild spasm, tenderness noted in the spinous process, thoracic and lumbar as well as pain in the greater trochanter and sacroiliac joint. There is moderate restriction with rotation and lateral flexion. Straight leg raise is positive bilaterally causing leg pain to foot. The current request left sacroiliac joint injection. ODG-TWC states that SI joint injections are recommended for sacroiliac joint pain following failure of conservative treatment, such as 4-6 weeks of aggressive conservative therapy including PT, home exercise, and medication management. In this case, the claimant reports persistent complaints however the most recent report submitted reflects limited discussion of complaints and objective findings confirming sacroiliac joint dysfunction which warrant the need of request. Absent further clear and detailed documentation, the requested intervention is not supported by evidence based guidelines or the submitted clinical records. Recommend non-certification.

06-26-13: UR performed. Reason for denial: The claimant was injured and presents with ingoing lumbar pain. The claimant has undergone prior lumbar fusion in September 2012 surgery and also epidural steroid injection. The claimant reports radiating low back pain into the left lower extremity. Physical examination reveals gross 4/5 bilateral lower extremity strength and 3/5 bilateral hip adductor weakness. There is decreased sensation along the right L5 distribution. There is pain with SI joint palpation bilaterally. There are spasms. There is limited/painful rotation and lateral flexion. The provider recommended continued physical therapy, consideration of a spinal cord stimulator and a left SI joint injection. ODG-TWC Hip and Pelvis Chapter Procedure Summary last updated 03/19/2013 notes that SI joint injections are recommended for sacroiliac joint pain following failure of conservative treatment, such as 4-6 weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories. In this case, the claimant is post op and has been receiving treatment post fusion. The claimant reports ongoing radiating pain. Current examinations and complaints do not clearly implicate the left SI joint or suggest axial low back pain. It is not clear that the claimant has received treatment specific to the SI joints. Medical necessity is not supported by clinical documentation or evidence based medicine guidelines. Non-certification is recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld and agreed upon. A sacroiliac block is not indicated in this patient. The Official Disability Guidelines (ODG) requires documentation of three positive examination findings to confirm the sacroiliac joint as a source of pain before proceeding with blocks to this region. The surgeon reported pain over the left sacroiliac joint as the only positive physical finding. Documentation of additional provocative maneuvers consistent with sacroiliac pathology is required to satisfy the criteria of the ODG. Diagnostic

evaluation of other possible pain generators before considering sacroiliac blocks is recommended by the ODG. The patient has undergone a recent instrumented lumbar fusion. He is currently dealing with continued lumbar pain, spasm and radicular symptoms. Potential issues at the surgical site should be evaluated first. A CT myelogram can examine the position of the hardware and assess the possibility of pseudarthrosis at the fusion site. The ODG requires failure of 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medical management. This trial of conservative care has not been undertaken prior to consideration of the sacroiliac injection. Therefore, after reviewing the medical records and documentation provided, the request for SI Joint Injection (27096 Inject SI Joint Arthrgrophy&/Anes/Steroid W/Image, 77003 Fluoro Needle/Cath Spine/Paraspinal Dx/Ther) is denied.

Per ODG:

Sacroiliac joint blocks	<p>Criteria for the use of sacroiliac blocks:</p> <ol style="list-style-type: none"> 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 4. Blocks are performed under fluoroscopy. (Hansen, 2003) 5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**